

JENNIFER PING FOR MARION COUNTY AUDITOR

FACSIMILE TRANSMITTAL SHEET

TO:	Marion County Election Board	FROM:	Jennifer Ping
COMPANY:	Jennifer Ping for Auditor	DATE:	5/30/2007
FAX NUMBER:	327-4815	TOTAL NO. OF PAGES INCLUDING COVER:	3
PHONE NUMBER:	3		
RE:	Final Report Disbanding Committee		

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Please accept this as my final report and mark my committee as disbanded. There is a zero balance in the account and there are no debts owed by the committee.

Please file stamp this report and then fax back to me the front page showing the file stamp for my records. Fax may be sent to 862-1000.

Thank you for your assistance in this matter.

[CLICK HERE AND TYPE RETURN ADDRESS]


**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

 State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

2

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

 IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization)

☐ Check if this is a new name

Jennifer Ping for Marion County Auditor

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(317) 862-9610

4. Mailing Address (address where all campaign finance correspondence is received)

☐ Check if this is a new address

10311 Quiet Way

5. City, State, ZIP Code

Indianapolis, IN 46239

6. Party Affiliation (if applicable)

Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)

Jennifer Lynn Ping

8. Party Affiliation or if Independent Candidate

Republican

9. Office Sought (include district number, if any. Not required for exploratory committee.)

Marion County Auditor

10. County of Residence

Marion

TYPE OF REPORT

11. Check one:

☐ Pre-Primary ☐ Pre-Election ☐ Annual ☐ Nomination ☐ Other☒ Final/Disband Committee (lines 14, 15, and 20 must be "0") ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)
CONVENTION CANDIDATES ONLY

Check one:

☐ Pre-Convention☐ Post-Convention

12. Reporting Period:

From: November 15, 2006

Through: June 1, 2006

COLUMN A
This PeriodCOLUMN B
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

\$2970.57

14. Cash on hand and investments January 1, current year.

00.00

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

00.00

00.00

15b. Unitemized

00.00

00.00

15c. Add lines 15a and 15b in both columns

SUBTOTAL

00.00

00.00

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

2970.57

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question; use Schedule C)

2970.57

17b. Unitemized

17c. Add lines 17a and 17b in both columns

SUBTOTAL

2970.57

18. Cash on hand and investments at close of this reporting period (subtract 17c from 18 in both columns)

TOTAL

00.00

19. Debts OWED BY the committee (use Schedule D)

00.00

20. Debts OWED TO the committee (use Schedule E)

00.00

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer

Title

Treasurer

Date

May 31, 2007

Signature of Candidate (if applicable)

Date

May 31, 2007

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-4) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-18)

FOR OFFICE USE ONLY


**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

 State Form 4608 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER

Page 1 of 1

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>A</u> The Buck Stops Here Indianapolis, IN 46220		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: campaign expense	\$1107.06		Feb 7
Code <u>C</u> MCRCC 120 E. Vermont Indianapolis, IN 46204		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: close out of acct	\$1863.51		May 31
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 2970.57		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$ 2970.57		